TO: The U.S. Department of Health and Human Services (HHS) — Docket HHS-OASH-2026-0397

TOPIC: Request for Information (RFI) on electromagnetic fields (EMFs), radiofrequency (RF) radiation, and wireless radiation exposure and its potential effects on human health and the environment.

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Specializations: Aviation/Aerospace Education Technology, Aviation/Aerospace Management, Human Factors in Aviation Systems, & Space Studies
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PROBLEM: Ubiquitous Artificial Electromagnetic Fields
REACTION: Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures
SOLUTION: Avoid Volatile Chemicals, Synthetic Fragrances and Artificial Electromagnetic Fields & Liberate Natural Clean Air and Natural Electromagnetic Fields

ATTACHED EVIDENCE: Medical Authority, Peer-Reviewed Literature, Institutional Policy

- **Expert Qualifications & Clinical Profile (Dr. Gunnar Heuser):** Formal 20-page Curriculum Vitae (CV) and professional medical profile printout detailing the comprehensive credentials, academic appointments, and neurotoxicology background of treating specialist Dr. Gunnar Heuser, M.D., Ph.D., F.A.C.P., F.A.C.F.E., B.C.F.E., former Assistant Clinical Professor of Medicine at the U.C.L.A. School of Medicine and member of the UCLA Brain Research Institute, legally validating his professional authority to issue the clinical diagnostics and medical rationales.
- **Peer-Reviewed Scientific Publication (Heuser & Heuser, 2017) – Enclosed Neuroimaging Archive:** Full printed copy of the international scientific study: Heuser, G., & Heuser, S. A. (2017). Functional brain MRI in patients complaining of electrohypersensitivity (EHS). Reviews on Environmental Health, 32(3), 291–299. The claimant's specific clinical data and 3-Tesla fMRI parameters are detailed and evaluated within this text explicitly as **Case Four**, establishing a peer-reviewed baseline regarding the functional fragmentation of the default mode network.
- **Peer-Reviewed Scientific Publication (Belpomme & Irigaray, 2020) – Enclosed Neuroimaging Archive:** Full printed copy of the international scientific study: Belpomme, D., & Irigaray, P. (2020). Electrohypersensitivity as a newly identified neurological disorder: How to diagnose, treat, and prevent it. International Journal of Molecular Sciences, 21(6), 1915. This published medical literature explicitly features the claimant's 3-Tesla fMRI diagnostic scans as **Figure 4**, establishing an international peer-reviewed consensus regarding the severity of the central nervous system damage.
- **Institutional Policy Corroboration (IAFF Position Statement, RMD 3/2005):** Official 27-page Position Statement and Policy Brief by the International Association of Fire Fighters (IAFF). This institutional directive was developed directly from Dr. Heuser's specialized functional brain imaging research on station-bound personnel (detailed explicitly on Page 9), formally validating that proximity to high-power radiofrequency transmitters causes severe, occupationally disabling central nervous system impairment consistent with the claimant's diagnostics.

DIAGNOSIS: Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures

The clinical diagnoses, diagnostic protocols, and 3-Tesla fMRI neuroimaging benchmarks were formally established by Dr. Gunnar Heuser, M.D., Ph.D., F.A.C.P., F.A.C.F.E., B.C.F.E., former Assistant Clinical Professor of Medicine at the U.C.L.A. School of Medicine and member of the UCLA Brain Research Institute. Dr. Heuser's clinical focus, expert panel testimonies, and extensive published research emphasize Neurotoxicology, Immunotoxicology, Chemical Induced Injury, and Electromagnetic

Field Induced Injury. His 20-page Curriculum Vitae, the aforementioned peer reviewed studies, and IAFF policy are attached to this filing.

This biological degradation culminated in a severe functional threshold failure during my final years with the FAA. As published in the definitive medical conclusions of the 2017 Heuser study, which featured my data explicitly as Case Four: "Since neurotoxic chemicals as well as head injury and EMF exposure are known to impair the blood brain barrier, it is almost to be expected that singly or in combination they make a given patient more vulnerable to impaired brain function." Because almost all workplaces are continuously inundated with electromagnetic fields and ambient chemical triggers, I am totally disabled from occupational tasks within those environments requiring sustained focus, multitasking, or complex decision-making.

The continuous, long-standing history of my substantial residential confinement began upon the official opening of my multi-unit residential building over ten years ago. Due to the severe functional limitations of Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures, My specific apartment unit was pre-assigned to me following a formal entry meeting with a Social Worker and the inaugural building management to explicitly address my disability and environmental barrier parameters.

Despite this official administrative baseline, within a few months, immediately following my formal complaints regarding a sudden influx of heavy secondhand tobacco smoke inside the structure, commercial chemical air fresheners were installed throughout the entire building. This sudden escalation introduced a severe, pervasive environmental barrier that required a grueling 12-day period of continuous coordination with multiple external regulatory agencies and the submission of my very first formal Reasonable Accommodation (RA) packet to ultimately secure their removal. This initial crisis established a highly volatile, documented over ten-years' pattern where my necessary medical boundary requests have been routinely met with immediate chemical or environmental escalations by facility management. This has rendered the common areas continuously unsafe, establishing a clear clinical necessity for treating my apartment as a strictly managed, barrier-protected medical baseline.

While I occasionally attempt short walks or brief, essential errands, my ability to leave my immediate living space is severely restricted and entirely unpredictable due to Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures. The outside environment exposes me to a vast array of invisible triggers, such as ambient chemical fragrances and public wireless signals. While some exposures cause instant distress, others trigger severe, late-phase respiratory and neurological flares—including next-morning asthma attacks and prolonged cognitive exhaustion. To mitigate these risks and obtain necessary sunshine and fresh air, I am forced to carefully calculate every movement outside.

During longer daylight seasons, I restrict my walks on a nearby campus exclusively to weekends, holidays, and evenings when the parking lots are mostly empty. I also utilize a small, primitive area of a nearby park where the lack of modern development offers temporary safety. During shorter winter days, weekday campus walks are unsustainable because the high volume of commuter vehicles and the activation of LED street lamps occur before workers vacate the area, triggering symptoms.

My community access is limited to essential survival and hygiene needs. I cannot use the laundry facilities at my residence because the chemical residues left behind in the machines by other occupants would severely contaminate my clothing. Consequently, I must travel to a private, fragrance-free home to drop off and pick up my laundry. For nutrition, I must secure organic food from specific health food stores and outdoor farmers' markets where the environment is slightly more manageable.

However, even these vital lifelines are rapidly disappearing. I recently lost access to one of my few accessible health food stores because they installed electronic price tags throughout the produce section, creating an environment that triggers immediate neurological distress. Commercial alternatives like third-party grocery delivery services are entirely contraindicated, as the handling and transport of my food by personnel using standard consumer fragrances and active mobile devices results in unavoidable chemical and fragrance contamination along the transit route.

Furthermore, securing pure drinking water and clean air requires an exhausting level of environmental management. Because modern appliances—including items marketed as "not smart" like standard air filters and Reverse Osmosis systems—contain internal digital components and switching power supplies that emit localized radiofrequency and electromagnetic fields, they trigger immediate distress and cannot be safely operated within my reflective residential environment. Consequently, I am

forced to physically haul pure Reverse Osmosis water into my home from outside sources.

This continuous state of substantial residential confinement is further documented by a formal Reasonable Accommodation (RA) packet regarding infrastructure upgrades that compromised my living space. Because the entire multi-unit residential building is served by a high-capacity electronic electric utility meter, the building's structural grid is subject to a constant, elevated electromagnetic load. To survive within this environment and mitigate the pervasive influx of ambient Radio Frequency Radiation (RFR)—including ubiquitous signals from neighboring wireless networks, cell phones, smart TVs, and digital security cameras—I manually adapted my apartment into a localized Faraday cage using an electrosmog meter, aluminum foil, and aluminum window screening. Furthermore, to suppress conducted transients and electrical noise stemming from this structural grid load, I continuously manage internal power quality by deploying individual plug-in dirty electricity filters across each of my active residential circuits. My treating specialist formally issued a medical directive strongly supporting these intensive residential shielding efforts as a clinical necessity to prevent profound neurological regression, while I concurrently restated my administrative demands for electromechanical utility meters.

Follow-up correspondences from this period log a recurring pattern where my formal accessibility requests were immediately followed by the sudden re-introduction of commercial chemical floor cleaner fumes in the hallway, demonstrating a long-standing, multi-year failure by facility management to maintain a stable, accessible path of egress.

The clear, objective necessity of this controlled environment was formally recognized and validated by my local housing authority in response to a formal medical directive issued by Dr. Heuser detailed the precise engineering and environmental shielding specifications required to prevent severe neurological regression. The housing authority officially approved my request for specialized, medically necessary housing. However, because modern residential developments are systematically inundated with ambient wireless networks, smart utility grids, and synthetic chemicals, it has remained functionally impossible to locate an alternative residential environment that complies with these strict clinical safety parameters. This profound lack of viable, accessible alternative housing substantially confines me to my current, manually adapted premises as my primary option for survival.

Additionally, even exiting my living space is highly unpredictable, as the path from my apartment door to the outside is regularly rendered inaccessible by volatile chemical fumes in the hallway or cigarette smoke trapped in the enclosed stairwell. At times, outdoor spaces become entirely unusable, such as a campus garden path that was blocked for months by an RV operating a high-frequency satellite system that induced instant nausea. This environmental instability was profoundly compounded by an external building infrastructure crisis a year ago, where a heavy fungicide application to the structure's exterior triggered a localized mold explosion. To survive the lingering biological and chemical toxicant load inside my living space, I am occasionally forced into temporary emergency displacements outside the structure for multiple hours strictly to run a localized ozone remediation protocol. These critical, involuntary evacuations represent a severe hazard to my baseline stability, as they force me directly into an unshielded outside environment while my primary residential shield is undergoing mandatory decontamination.

The ongoing struggle against these structural barriers is extensively documented in my recent formal submission of a 20-page Reasonable Accommodation/Modification packet that chronicles a 67-hour cumulative exposure window—including common hallway trails, secondhand smoke, and a dense cloud of cologne trapped in the enclosed stairwell—that culminated in a severe late-phase asthmatic response and parallel neurological flare. This file details a continuous history of structural barriers and explicitly requests the comprehensive adoption of a facility-wide fragrance-free policy and protective environmental signage modeled directly after established institutional protocols utilized by Kaiser Permanente. It contains formal coordination from a Social Worker verifying the immediate medical necessity of restoring alternative accessible entry paths to bypass these hazards.

Because the public world and standard healthcare facilities are filled with these unmanageable environmental hazards and chemical exposures, I am substantially confined to my immediate premises to maintain baseline physical safety and stability. My home serves as my necessary medical shield, and strict environmental avoidance remains my primary viable clinical protocol. There is no treatment available other than avoiding exposures to toxic agents. Every technological and environmental upgrade in the outside world directly restricts my ability to safely navigate beyond my home. Due to medical restrictions regarding wireless equipment, I do not utilize a mobile telephone. I use a wired ethernet

connection at home. Without locally maintained payphones, if I have an urgent need to communicate away from home, I must ask to borrow a local business wired only landline.

Sensory Processing Sensitivity (SPS) as an Evolutionary Biological Early Warning Array

To evaluate the public health crisis of environmental hypersensitivities accurately, federal and state regulatory bodies must transcend the narrow, localized focus of individual clinical diagnostics and integrate fundamental tenets of epidemiological science and population dynamics. Peer-reviewed research into Sensory Processing Sensitivity (SPS) establishes that approximately 15% to 20% of the human population, and an equivalent minority across more than 100 other animal species, possess an innate, genetically conserved trait characterized by deep processing of environmental stimuli, heightened emotional reactivity, and empathy.

From an evolutionary perspective, this highly responsive segment serves an indispensable survival function: it operates as a collective biological early warning array for the entire species. Utilizing a "pause and plan" methodology, these individuals absorb and cross-reference micro-changes in the ambient landscape—noticing faint biochemical variations, subtle changes in environmental baselines, and invisible toxic thresholds long before they register as macro-level pathologies within the less-receptive 80% majority. The survival of the entire population directly depends on this minority's capacity to detect environmental threats early, acting as an organic safety brake for the species.

When modern regulatory agencies like the FCC deploy high-density, high-frequency infrastructure based exclusively on the sensory limits of the less-observant statistical majority, they introduce a profound existential hazard. By dismissing the physiological distress of individuals labeled with Electromagnetic Hypersensitivity (EHS) or Multiple Chemical Sensitivity (MCS) as subjective anomalies or psychological aversions, the administrative state is effectively blindfolding its own biological sensor array. Treating the highly sensitive minority as an impediment or an inconvenient outlier to corporate expansion creates a severe demographic attrition. Forcing these individuals out of public spaces, essential workplaces, and modern civic infrastructure represents more than a civil rights violation; it stands as an institutional suppression of the species' natural defenses, threatening the long-term biological integrity of the entire ecosystem.

The Thermal Loophole, The Averaging Distortion, Electronic Utility Meters and Fires

Two pseudoscientific binary terms designed to mask biological harm: "non-thermal" and "non-ionizing”. In basic physics all radiation transfers kinetic energy to matter and is therefore thermal. Radiation also causes DNA fragmentation indirectly via oxidative stress. Mislabeling field-induced kinetic interactions as "non-thermal" or "non-ionizing” misled nations to equate the terms with safety from harm.

The 6 - 30 minute time-averaging standards mathematically smooth reality by averaging in peak pulse spikes. Biological systems experience field-induced kinetic interactions in real-time. High-amplitude, acute pulse transients from military and civilian radar, transponders, and communications hit biological membranes instantly. By averaging exposure over 6 to 30 minutes, real-time measurements are hidden. Time-averaging standards suppress data relevant to occupational hazards, diseases, and mortality rates.

This mathematical smoothing is disconnected from physics and infrastructure safety. Regulators must recognize a strict, binary division between rugged, non-flammable legacy electromechanical utility meters and electronic utility meters that rely on internal Switch-Mode Power Supplies (SMPS) and Metal Oxide Varistors (MOVs) to step down utility line voltage. When grid transients and repetitive pulse spikes degrade these internal components, it initiates a material failure mode known as thermal runaway.

Because electronic utility meters are constructed with highly flammable synthetic resin circuit boards and plastic enclosures, thermal runaway rapidly ignites the assembly. Because this fire hazard occurs physically upstream from the home’s main circuit breaker panel, standard household safety breakers cannot trip or shut off the current. The resulting electrical arcing and intense back-feeding thermal energy route directly into the building's wiring infrastructure, melting wire insulation behind the walls and initiating structural ignition completely hidden from standard safety protocols.

LED Unnatural Optical Spectrum and Cellular Harm

As detailed by photobiologist Dr. Alexander Wunsch, modern LEDs present a "blue peak" of high-energy visible (HEV) light devoid of near-infrared (NIR) wavelengths. While light sources like traditional incandescent bulbs and natural sunlight provide necessary NIR light to trigger cellular repair and mitochondrial energy production, LEDs provide "cold" light. This leaves human tissue vulnerable to oxidative retinal stress and chronic circadian disruption. Furthermore, CFL systems present an ongoing hazard via toxic mercury vapor and ultraviolet leaks from micro-cracks in phosphor coatings.

Under Title 47 CFR Part 15, the Commission is mandated to regulate electronic devices to prevent "harmful interference" to RF receivers and electronic systems. The Commission must recognize that the human operator is an intricate, low-voltage bio-electrical system. The human heart, brain, and nervous system rely on precise endogenous electrical frequencies to function. Modern solid-state LED drivers and CFL ballasts generate high-frequency conducted emissions, —commonly known as "dirty electricity"—which utilize building wiring as an unintended radiating antenna. This creates localized electromagnetic interference (EMI) that directly intersects with the human biological system. Furthermore, high-frequency Pulse-Width Modulation (PWM) and electronic flicker induce measurable neurological stress and autonomic nervous system disruption. FCC guidelines allow devices to emit frequencies that cause neuro-electrical interference in humans.

LED streetlights are integrated into municipal grids, utilizing integrated wireless communication nodes that constantly transmit data. This creates ubiquitous radiation.Internal electronics of these systems rely on Pulse-Width Modulation (PWM) and adaptive sensor adjustments. Chronic surges inject square-wave harmonics ("dirty electricity") into surrounding electrical infrastructure. The combination of active wireless data transmission and erratic, high-amplitude power spikes transforms municipal lighting into a primary source of localized biological interference, directly violating the FCC’s mandate to prevent harmful ambient electromagnetic pollution.

The environmental impact of these high-intensity blue-rich light frequencies and electronic emissions extends beyond human biology. For example, trees and local flora adjacent to LED street lamps show signs of ecological stress and premature decline. Because plants rely on specific light cycles and infrared cues to regulate dormancy, growth phases, and photosynthetic health, unnatural blue glare of LED streetlights traps them in a state of artificial stress, disrupting natural seasonal cycles.

This is not a matter of minor public nuisance, but a documented public health and ecological crisis. A prominent legal precedent regarding lighting safety was established in the United Kingdom, where resident Sasha Rodoy successfully challenged the Barnet London Borough Council over high-intensity LED street lighting. While that landmark case forced a legal acknowledgment of the biological harms of the LED *optical* spectrum, the FCC must now fulfill its regulatory duty regarding the *electronic* and radiofrequency spectrum under the *EHT/CHD v. FCC* court mandate.

Synergistic Effects and the Blood-Brain Barrier (BBB)

“Since neurotoxic chemicals as well as head injury and EMF exposure are known to impair the blood brain barrier, it is almost to be expected that singly or in combination they make a given patient more vulnerable to impaired brain function (including seizures)” (Heuser & Heuser, 2017, page 298).

Industries are permitted to flood public spaces with thousands of synthetic chemicals and VOCs, while labeling neurotoxic compounds as "fragrance." Condition-based terms like EHS (Electrohypersensitivity) and MCS (Multiple Chemical Sensitivity) are not psychological quirks; they are clinical symptoms of a human operator experiencing multi-system poisoning because the blood-brain barrier has been forced open by neurotoxic chemicals, head injuries, and EMF exposures singly or in tandem.

Synergies Between Field Induced Kinetic Interactions And Standard Vaccinations

The structural integrity of the Blood-Brain Barrier can be degraded by chemicals and electromagnetic fields (EMF)—either acting in combination or entirely in isolation. EMF exposure impairs the Blood-Brain Barrier.

- **The Shared-Wall Appliance Exposure**: An infant placed in a crib against a shared wall while directly on the other side of that wall is a powered electric appliance, subjecting the infant to Field-Induced Kinetic Interactions through the wall only inches away. Following standard vaccination, the infant's blood brain barrier was breached. The infant became permanently inconsolable with severe brain swelling (encephalopathy).
- **The Other Wall:** Another infant received the same vaccinations at the same time from the same batch, but its crib was placed across the room against a wall, away from appliance EMF. This infant experienced developmental regression but eventually regained its milestones.

This is one example of synergies between toxic agents, in this case standard vaccinations and field induced kinetic interactions, as a driver of acute encephalopathy and developmental regression (autism). And the principal correlates to late-stage neurodegeneration (Alzheimer's and dementia). Because marketing encourages exposures to these fields and chemicals, billions are exposed to these hazards.

Germline Destruction and Multi-Generational Genetic Transmutation

Two Air Traffic Controllers worked together following the termination of over half the FAA workforce, as the system faced deep, systemic staffing shocks. As a result, they worked an intensely demanding schedule in an occupational setting with continuous exposure to significant levels of electromagnetic fields, including RADAR. Their daughter was conceived, carried, and born during this exact assignment. Decades later, that daughter gave birth to their grandchild, who was born severely disabled with a modern, rare genetic "misspelling" —and can neither walk nor talk. The dual-parental germline exposure to pulsed radiation more likely than not caused DNA fragmentation indirectly via oxidative stress. A female fetus develops all the eggs she will ever have for her future children while she is still inside her mother's womb.

Royal Navy microwave research specialist Barry Trower, verified that organs with limited vascular fluid circulation—specifically the human ocular system and gonads—possess a reduced capacity for blood-flow cooling. Fluid-deficient structures are the most vulnerable. Therefore, there is no safe exposure baseline for these structures.

The Weaponization of Psychiatry: Disproving the "Psychological" Gaslighting of EHS Symptoms

Regulatory and global health institutions have historically dismissed individuals reporting Electrohypersensitivity (EHS) symptoms as suffering from "psychological" or "somatic" delusions. This framing has led to widespread human rights abuses, where individuals reporting real-world electromagnetic assaults are misdiagnosed and mistreated as psychiatric cases.

The physical reality of these sensations has been established science for over half a century:

- The Frey Effect (Microwave Hearing / V2K): Published military and civilian data dating back to the 1960s and 1970s - 1973 Walter Reed Army Institute of Research speech-modulation milestone. This experiment demonstrated the operational capacity for Voice-to-Skull (V2K) transmission—the formal military acronym and intelligence designation for technologies engineered to transmit acoustic information directly into the central nervous system of a human subject from a distance using pulsed radiofrequency or microwave energy, inducing thermoelastic

expansion in the skull, directly stimulating the cochlea. This forces the targeted individual to perceive internal sounds.

- Nervous System Tactile Excitation: The 1974/1975 Induced Tactile Sensation and Stress Propagation Baselines. Researchers Dr. Kenneth R. Foster and Dr. Edward D. Finch published an investigation in Science titled "Microwave Hearing: Evidence for Thermoacoustic Auditory Stimulation by Pulsed Microwaves. Operating out of the Naval Medical Research Institute, Foster and Finch demonstrated the fundamental biophysical mechanism governing these interactions: absorbed electromagnetic energy from Microsecond Pulse Spikes generates localized thermoelastic expansion within fluid-bearing media. This framework established the baseline utilized by physics and sensory neurophysiology to document that Field-Induced Kinetic Interactions can generate both auditory and tactile sensations including, but not limited to, pressure, tingling, burning, and microshock sensations. This forces the targeted individual to perceive anomalous incidents of the sense of touch.
- 1998 Department of the Army / National Ground Intelligence Center (NGIC) report, Bioeffects of Selected Non-Lethal Weapons, indexed observed biological interactions including microwave auditory phenomena, metabolic alterations, and the disruption of voluntary neural control via induced internal electrodynamic forces. The report details the parameters of Microwave Auditory Technology, confirming that speech-modulated microwave energy transmits acoustic information into the head via thermoacoustic expansion at ranges spanning hundreds of meters.

Labelling these bio-electromagnetic interactions as "hallucinations" or "mental illness" forcing patients into psychiatric paradigms while ignoring direct physical agents, when the federal government's own military intelligence and medical research branches mapped their exact parameters more than a half century ago is a violation of basic medical ethics and patient safety.

Fundamental Violations of Bioethics, Constitutional Law, and the Nuremberg Code

The current saturation of the public square with inescapable, high-amplitude pulsed radiation represents violations of constitutional and humanitarian law:

- **The Nuremberg Code (Article 1)**: The bedrock of international medical ethics mandates that *"the voluntary consent of the human subject is absolutely essential."* Forcing citizens into continuous, non-consensual exposure to a known biological disruptor is a direct violation of this treaty.
- **The Fourth and Fifth Amendments**: The U.S. Constitution guarantees bodily integrity, liberty, and the security of one's person and property. Forcing an injured veteran into a decade of physical exile inside a Faraday cage, while altering the genetic code of developing children without recourse, constitutes an unconstitutional deprivation of life, liberty, and property without due process.

Conclusion and Definite Regulatory Demands

The systemic realities of Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures, synergistic environmental toxicity, multi-generational germline damage, high-mortality peer cohorts, and the profound human rights and environmental violations being committed across our biosphere demand an immediate halt to the expansion of artificial electromagnetic fields along with the following: operational vectors:

1. Abolish Time-Averaging Loopholes and Pseudoscientific Terms "non-ionizing" and "non-thermal".
2. Establish Total Biosphere Protection from field-Induced kinetic interactions.
3. Restore electromechanical utility metering, copper landline telephone communication, and bio-compatible incandescent lighting infrastructures.
4. Create "Clean Air and Field" chemical/fragrance-free and wireless-device-free law.

No living organism—from the microscopic bacteria and the molecular properties of water to the complex human operator—possesses a safe threshold for field-induced kinetic interactions. The framework outlined above must be adopted to prevent systemic blindness, cognitive decay, ecological collapse, and the ultimate sterilization of the world-widel germline.

See also the aforementioned attachments.

Sincerely,

RC Smith 10-21-2026